

FORM 8. Entry of Appearance

UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUITDey, L.P. and Dey, Inc. v. Teva Parenteral Medicines, Inc. et al.No. 14-1434**ENTRY OF APPEARANCE**

(INSTRUCTIONS: Counsel should refer to Federal Circuit Rule 47.3. Pro se petitioners and appellants should read paragraphs 1 and 18 of the Guide for Pro Se Petitioners and Appellants. File this form with the clerk within 14 days of the date of docketing and serve a copy of it on the principal attorney for each party.)

Please enter my appearance (select one):

☐ Pro Se☒ As counsel for:

Teva Parenteral Medicines, Inc.,
Teva Pharmaceuticals USA, Inc., and
Teva Pharmaceutical Industries, Ltd.
Name of party

I am, or the party I represent is (select one):

☐ Petitioner☐ Respondent☐ Amicus curiae☐ Cross Appellant☒ Appellant☐ Appellee☐ Intervenor

As amicus curiae or intervenor, this party supports (select one):

☐ Petitioner or appellant☐ Respondent or appellee

My address and telephone are:

Name: Bruce M. GagalaLaw firm: Leydig, Voit & Mayer, Ltd.Address: Two Prudential Plaza, 180 N. Stetson Ave., Suite 4900City, State and ZIP: Chicago, IL 60601-6731Telephone: (312)616-5600Fax #: (312)616-5700E-mail address: bgagala@leydig.com

Statement to be completed by counsel only (select one):

☒ I am the principal attorney for this party in this case and will accept all service for the party. I agree to inform all other counsel in this case of the matters served upon me.

☐ I am replacing _____ as the principal attorney who will/will not remain on the case. [Government attorneys only.]

☐ I am not the principal attorney for this party in this case.

Date admitted to Federal Circuit bar (counsel only): 4/27/1983

This is my first appearance before the United States Court of Appeals for the Federal Circuit (counsel only):

☐ Yes ☒ No

☐ A courtroom accessible to the handicapped is required if oral argument is scheduled.

5/9/2014

Date

/s/ Bruce M. Gagala

Signature of pro se or counsel

cc: Counsel of Record

FORM 30. Certificate of Service

UNITED STATES COURT OF APPEALS
FOR THE FEDERAL CIRCUIT

CERTIFICATE OF SERVICE

I certify that I served a copy on counsel of record on
by:

5/9/2014

- ☒ US mail
☐ Fax
☐ Hand
☒ Electronic Means
(by email or CM/ECF)

Elizabeth M. Crompton

Name of Counsel

/s/ Elizabeth M. Crompton

Signature of Counsel

Law Firm

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NOTE: For attorneys filing documents electronically, the name of the filer under whose log-in and password a document is submitted must be preceded by an "/s/" and typed in the space where the signature would otherwise appear. Graphic and other electronic signatures are discouraged.